



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$90669042
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$90669042

2. Deductions From Revenue

Contractual Allowance	\$61569229
Other Deductions	\$136306
Total Deductions	\$61705535

3. Total Operating Revenue

Net Patient Service Revenue	\$29858573
Other Operating Revenue	\$921905
Total Operating Revenue	\$30780478

4. Operating Expenses

Salaries and Wages	\$10905121	Employee Benefits	\$2774875
Depreciation and Amortization	\$926904	Interest Expense	\$14479
Bad Debt	\$-447533	Other Expenses	\$12730430
Total Operating Expenses	\$26904276		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2981137	Total Assets	\$18764407
Net Non-operating Gains over Loss	\$-1000	Total Liabilities	\$4738152

Total Net Gains	\$2980137
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$59070836	\$46871923	\$12198913
Medicaid	\$10223534	\$8218583	\$2004951
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21374673	\$6615029	\$14759644
Total	\$90669043	\$61705535	\$28963508

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$14938	\$-14938
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$39070	\$-39070

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$288663
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$86693	
HCI Payments	\$0		
Subtotal	\$0	\$86693	\$-86693
Medicaid Shortfalls	\$962338	\$3070377	
Subtotal	\$962338	\$3070377	\$-2108039
DSH Payments	\$0		
Subtotal	\$962338	\$3070377	\$-2108039
Medicare Shortfalls	\$11919325	\$17740417	
Other Government Programs	\$0	\$0	
Total	\$12881663	\$20810794	\$-7929131

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$23690	\$-23690
Community Assessment	\$0	\$30788	\$-30788
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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